

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**091543771**  
APPLICANT(S)

FILING DATE  
**4/5/00**

| CLAIMS       |          |      |                     |      |                     |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            | /        |      | /                   |      | /                   |      |
| 2            | /        |      | /                   |      | /                   |      |
| 3            |          | /    |                     | /    |                     | /    |
| 4            | /        |      | /                   |      | /                   |      |
| 5            |          | /    |                     | /    |                     | /    |
| 6            | /        |      | /                   |      | /                   |      |
| 7            |          | /    |                     | /    |                     | /    |
| 8            | /        |      | /                   |      | /                   |      |
| 9            |          | /    |                     | /    |                     | /    |
| 10           | /        |      | /                   |      | /                   |      |
| 11           |          | /    |                     | /    |                     | /    |
| 12           | /        |      | /                   |      | /                   |      |
| 13           |          | /    |                     | /    |                     | /    |
| 14           |          | /    |                     | /    |                     | /    |
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| 19           |          | /    |                     | /    |                     | /    |
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| 25           | /        |      | /                   |      | /                   |      |
| 26           |          |      |                     |      |                     |      |
| 27           |          |      |                     |      |                     |      |
| 28           |          |      |                     |      |                     |      |
| 29           |          |      |                     |      |                     |      |
| 30           |          |      |                     |      |                     |      |
| 31           |          |      |                     |      |                     |      |
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| 37           |          |      |                     |      |                     |      |
| 38           |          |      |                     |      |                     |      |
| 39           |          |      |                     |      |                     |      |
| 40           |          |      |                     |      |                     |      |
| 41           |          |      |                     |      |                     |      |
| 42           |          |      |                     |      |                     |      |
| 43           |          |      |                     |      |                     |      |
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| 45           |          |      |                     |      |                     |      |
| 46           |          |      |                     |      |                     |      |
| 47           |          |      |                     |      |                     |      |
| 48           |          |      |                     |      |                     |      |
| 49           |          |      |                     |      |                     |      |
| 50           |          |      |                     |      |                     |      |
| TOTAL IND.   | 8        |      | 8                   |      | 8                   |      |
| TOTAL DEP.   | 17       |      | 17                  |      | 17                  |      |
| TOTAL CLAIMS | 25       |      | 25                  |      | 25                  |      |

  

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|--------------|--|--|--|--|--|--|
| 51           |  |  |  |  |  |  |
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| 81           |  |  |  |  |  |  |
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| 84           |  |  |  |  |  |  |
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| 86           |  |  |  |  |  |  |
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| 95           |  |  |  |  |  |  |
| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |